

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 21 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G70161

1. Corporation Name

SYSTEM TASK, INCORPORATED

2. Principal Office Address

903 EAGLE POINT DR

Suite, Apt. #, etc.

City & State

SAINT AUGUSTINE, FL

Zip

32092

Country

USA

3. Mailing Office Address

P.O. BOX 24286

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32241

Country

USA

REINSTATEMENT 87-54

4. Date Incorporated or Qualified
To Do Business in Florida JAN 01, 1984

5. FEI Number
59-2340632

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHRIS H DERREBERRY

Street Address (P.O. Box Number is Not Acceptable)

903 EAGLE POINT DRIVE

Suite, Apt. #, Etc.

City

SAINT AUGUSTINE

State

FL

Zip Code

32092

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Chris H Derberry
REGISTERED AGENT MUST SIGN

Date 04/19/2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|---------------------------|
| CEO | CHRIS H DERREBERRY | 903 EAGLE POINT DRIVE | SAINT AUGUSTINE, FL 32092 |
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

CHRIS H DERREBERRY
Chris H Derberry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/2004
Date

904-810-4203
Daytime Phone #

CR2E081 (01/04)

fn